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7590 08/16/2004

DAVIS AND BUJOLD
500 NORTH COMMERCIAL STREET
FOURTH FLOOR
MANCHESTER, NH 03101
11/19/2004 MMKONE1 00000019 09423776

01 FC:2501 685.00 OP

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Michael J. Bujold	(Depositor's name)
<i>Michael J. Bujold</i>	(Signature)
November 16, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/423,776	01/07/2000	COLIN DUNLOP	GRIHAC -P26AU	7142

TITLE OF INVENTION: METHOD AND APPARATUS FOR MONITORING HAEMODYNAMIC FUNCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES	XXXX \$685	\$0	XXXX \$685	11/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NASSER, ROBERT L	3736	600-504000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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- 1 DAVIS & BUJOLD, P.L.L.C.
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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- Issue Fee
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0213 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Michael J. Bujold 16 November 2004

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